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CONFIRMATION NO. 3944

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
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RULE						
APPLICANTS Richard Albang, Martinsried, GERMANY; Andreas Fritz, Martinsried, GERMANY; Oliver Heinrich, Martinsried, GERMANY; Hilmar Ilgenfritz, Martinsried, GERMANY; Dieter Maier, Martinsried, GERMANY; Christian Wagner, Martinsried, GERMANY; Ulrike Folkers, Munich, GERMANY; Beatrix Gerhard, Unterhaching, GERMANY; Fabio Spreafico, Martinsried, GERMANY; Lex De Boer, Wateringen, NETHERLANDS; Roelf Bernhard Meima, Ah Kamerik, NETHERLANDS;						
** CONTINUING DATA ***** This application is a 371 of PCT/EP03/09145 08/15/2003						
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 02102168.8 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102169.6 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102171.2 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102172.0 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102173.8 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102174.6 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102170.4 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102178.7 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102179.5 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102181.1 08/19/2002 EUROPEAN PATENT OFFICE (EPO) 02102183.7 08/19/2002						
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/02/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/TEKCHAND SAIDHA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY GERMANY	SHEETS DRAWINGS 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
ADDRESS NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES						
TITLE Novel lipases and uses thereof						
					<input type="checkbox"/> All Fees	

FILING FEE RECEIVED 1430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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